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Involuntary Civil Commitment and Sobriety

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Involuntary Civil Commitment and Sobriety

By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduate requirement for MSW students at St. Catherine University-University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publically present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Previous studies have identified various controversy surrounding coerced treatment of individuals with a severe substance use disorders. Individuals suffering from significant clinical and functional impairments, including major medical issues, disability, and failure to meet societal responsibilities are at risk for judicial intervention via involuntary civil commitment. The purpose of this study is to investigate the use of involuntary civil commitment with those experiencing a severe substance use disorder. The principal researcher interviewed seven participants who actively provide service to individuals diagnosed with a severe substance use disorder under an involuntary civil commitment. The interviews were analyzed and coded. Initial themes emerged among all participants. Themes that were recognized among participants included dangerousness, social responsibility, provider perspective, and process improvement. These identified themes revealed a better understanding of this judicial process and its impact on sobriety for individuals with severe substance issues. The data also revealed potential recommendations for professionals, such as social workers, to better support this population who require or are at risk of coerced intervention in attempt to prevent further deterioration or eventual death. Implications for social work practice are discussed, as are suggestions for future research.

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Introduction

This research study seeks to investigate the use of involuntary civil commitment with individual's struggles with a severe or chronic substance use disorder. Initiation of involuntary civil commitment proceedings are often viewed as a "last resort" legal intervention when nothing else appears to be successful. An individual cannot be involuntarily committed unless he or she meets specific legal requirements. The judicial system can make an involuntary civil commitment order if the individual has an organic brain disorder or substantial psychiatric disorder and that there is a strong likelihood that the individual will physically harm themselves or others (National Alliance on Mental Illness, 2006). Physical harm to self and/or others includes "failure to obtain food, clothing, shelter, or medical care as a result of an illness, taking into account and individuals anosognosia (NAMI, 2006). While determining an order for involuntary civil commitment for an individual suffering from their substance use disorder, other considerations like recent attempts to harm self or others, likelihood that the individual will suffer further harm or deterioration as a result of not receiving medical care, or the individual exhibits voluntary and purposeful conduct involving significant damage to property (NAMI, 2006). Lastly, evidence of less restrictive interventions are not available for various reasons. If an individual meets criteria due to the substance abuse disorder, they are at risk for forced legal intervention that requires coerced treatment. The utilization of involuntary civil commitment for this population seeks to impose substance abuse treatment in order to create sobriety and eliminate potential danger. There appears to be a plethora of literature on perspectives and outcomes of coerced substance abuse treatment and the use of involuntary civil commitment with those documented as having a severe or persistent mental illness, but limited research on this judicial procedure with substance use disorders. This research hopes to provide additional

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literature on using involuntary civil commitment with those diagnosed with a severe substance use disorder directly from professionals working closely with this population. Individuals enduring the hardships and tragedies of chronic and severe substance use experience impairment in nearly all facets of existence due to their long and troubled history of addiction. This population is medically fragile, uninvolved, and socially devalued which creates impairments in one's ability to conform which societal expectations and norms. The following research seeks to investigate understand involuntary civil commitment as an intervention for this population who has, from a biopsychosocial aspect, deviated to unprecedented levels of deterioration.

Literature Review

Substance use disorders are a preventable public health concern among Americans in the United States. *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013), defines substance use disorders as the “recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.” According to the Substance Abuse and Mental Health Services Administration (2014), approximately 21.5 million Americans were categorized with a substance use disorder. Of those classified with having a substance use disorder, 2.6 million struggled with polysubstance abuse, 4.5 million identified problems with illicit drug use, and 14.4 million had problems with alcohol only (Substance Abuse and Mental Health Services Administration, 2014).

The National Institute on Drug Abuse (2014) defines substance use disorders as a “chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.” Substance use disorders are considered a brain disease and illness. Harmful substances can alter and change the structure of the individual’s brain, which can be long lasting (National Institute on Drug Abuse, 2014). Substance use disorders are similar to other diseases. They interrupt normal function of the target organ and result in harmful consequences, that left untreated, will last throughout the remaining life time of the suffering individual (National Institute on Drug Abuse, 2014). Substance abuse is initially a voluntary event. An individual may experiment with substances and potentially perceive positive effects. Over time, using substances becomes an involuntary event as the individuals control over use becomes severely compromised (National Institute on Drug Abuse, 2014). Brain imaging shows physical changes to one’s brain in the areas required for judgement, decision making, learning,

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memory, and behavior control when under the influence of alcohol or drugs or with prolonged use (National Institute of Drug Abuse, 2014). These deficits in brain function can result in serious consequences for the individual and provide some rationale for the destructive behaviors of those who have or are currently experiencing the effects of a substance use disorder. Research also indicates that significant medical consequences are associated with substance use. Frequent, prolonged use of drugs and alcohol can lead to cardiovascular disease, stroke, HIV/AIDS, hepatitis, cancer, and lung disease (National Institute of Drug Abuse, 2012). Substance use disorders do not only effect the physical health of the individual, but can have detrimental effects on one's mental health function and increases the need for stabilization.

Individuals struggling with substance use disorders can suffer gravely through impaired control, social discord, and riskiness that has significant consequences. This disorder not only infiltrates the life of an individual user and/or family, but carries societal repercussions as well. Substance use disorders provide added strain on America's health care system and economy (Horgan, C. M., Brandeis University. Schneider Institute for Health Policy, & Robert Wood Johnson Foundation, 2001). Substance use disorders result in more deaths, illnesses, and disabilities than any other preventable condition in the United States (Horgan, et al., 2001). Ramifications of substance abuse disorders place a significant burden on economic costs each year which results in billions of dollars spent by the federal government to cover medical treatment, substance treatment facilities, drug-related crime cost, and productivity loss due to premature death and/or inability to perform usual activities in efforts to control this national problem (Horgan, et al., 2001). The National Institute on Drug Abuse (2015), reports over \$700 billion in annual costs are put forth to combat substance abuse and its effects. This number is not only a result of the individual user, but others who are not substance users and have been harmed

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by the behaviors or actions of a user. The efforts put forth by the government in eliminating and controlling the nations substance issue include federal drug policies that direct law enforcement to focus their effort on reducing the number of illicit drugs in and around communities; however, public interest remains in line with finding prevention and treatment as control measures to elicit sobriety (Horgan, et al., 2001).

Several control factors have been implemented in our nations efforts to reduce and eliminate substance abuse through illicit drug control, community based approaches, alcohol tax, and restrictions. Illicit drug control includes strategies implemented by our federal and state governments to reduce the supply and demand (Horgan,et al., 2001). Through this lens, strategies seek to reduce the supply of illicit drugs through stopping illegal drug trafficking, street dealing, and traditional law enforcement procedure (Horgan,et al., 2001). Reducing demand for illicit drugs is primarily targeted through prevention strategies, prompt intervention, and comprehensive treatment services (Horgan,et al., 2001). Communities have also rallied in attempts to control prevalence of substance abuse among their members through initiatives, programs, and coalitions. Much of these broad-based efforts include challenging knowledge and perceptions of substance use by developing youth programs in school and community settings, peer counseling, gang prevention, and attempts to gain access to needed treatment services that reach our underserved populations (Horgan,et al., 2001). Another method used to control the effects of substance abuse disorders is done through increasing alcoholic beverage taxes. A fundamental law of economics is demand for a product is related to its price tag (Elder et al., 2010). Elder et al. (2010), argues that studies provide consistent evidence that increasing alcohol tax is associated with reducing excessive alcohol use and potential subsequent consequences. A mere 10% increase in current alcohol taxes would be expected to result in a 3% to 10% decrease

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in alcohol consumption by consumers (Elder et al., 2010). Despite this evidence, there were no clear indications that this form of substance use control would affect alcohol consumption by other groups, such as underage youth (Elder et al., 2010). Restrictions on alcohol use is also another form of substance abuse control officials and communities have supported in efforts to reduce substance abuse disorders. These policies are primarily monitored through law enforcement offenses including liquor law violations, driving while intoxicated (DWI), public drunkenness, and in some cases disorderly conduct (Horgan, C. M., Brandeis University. Schneider Institute for Health Policy, & Robert Wood Johnson Foundation, 2001). Other forms of restriction can be acknowledged through nationwide legal drinking and purchasing age. Alcohol is not the only drug with policies that are aimed at restricting use. The inception of Controlled Substances Act in 1970 is a federal U.S. drug policy under which the manufacture, importation, possession, use and distribution of certain substances is regulated (U.S. Department of Health and Human Services, 2009).

Many individuals will continue to live within their addiction and reap the personal and environmental consequences currently in place. However, there is a subpopulation of individuals with substance use disorders that have complex conditions of addictions that are incapacitating and have not been able to reach any level of sobriety. These individuals are often unable to make rational decisions about treatment or care for himself or herself in an independent capacity, often requiring a higher level of care (Williams, Cohen, & Ford, 2014). Individuals that are gravely disabled by substance use disorders present themselves to emergency departments or detoxification facilities on a regular basis, rarely remain in treatment settings for an extended amount of time, and often sign out against medical advice to a life of chronic homelessness, social isolation, and debilitating addiction (Williams, Cohen, & Ford, 2014). This subpopulation

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accrues significant medical costs related to untreated chronic medical conditions despite the high number of hospitalizations and has an annual mortality rate of 8.6%, which is approximately 20 times the age-adjusted rate (Williams, Cohen, & Ford, 2014). The subpopulation of individuals with severe substance use and chronic relapse behaviors that result in continued harm to self and/or others can be subject to legal proceedings under involuntary civil commitment.

Involuntary civil commitment is a judicial process of mandating treatment and forced sobriety to those that consistently refuse required care to treat this chronic brain disease (Chen, 2006). This type of coercion to treatment argues that some individuals are unwilling or unable to follow treatment recommendations and involuntary civil commitment can prevent unnecessary deterioration of their lives. (Chen, 2006).

The involuntary civil commitment process has historically represented individuals suffering from the symptoms of severe and persistent mental illness that require forced hospitalization in order to receive needed medical treatment (Chen, 2006). Although states differ in their delivery and interpretation of this noncriminal process, magistrates collectively rely on two Tenth Amendment powers, “*police power*” and “*parens patriae power*” (Chen, 2006). “Police power” allows the government to protect individuals from harm to themselves or others (Chen, 2006). The latter allows governmental intervention for individuals who lack capacity to make decisions and/or care for themselves (Chen, 2006). These two theoretical ideologies provide the support for the two main purposes behind involuntary civil commitment of those gravely impaired by substance use: treating an illness when a person is unable or unwilling to seek treatment themselves and protecting the person and others from harm that may be caused due to the illness (Office of the Ombudsman, 2011). Many government sectors will also consider the concept of “least restrictive alternative” when placing an individual under involuntary civil

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comment. “Least restrictive alternative” is the idea the substance abuse services fall on a hierarchical scale which asserts that all other treatment types should be attempted or considered prior to utilizing the most restrictive approach, involuntary civil commitment (Slovenko, 2012). In turn, an individual with chronic and complex substance use histories are subject to this legal process when continuous stabilization attempts, treatment program refusal, and ongoing harm to self and others becomes a revolving door.

There is much controversy in the literature about the appropriate use of involuntary civil commitment for select members of the addiction population that are labeled chronic and severe users and require intervention to reach sobriety. One perspective views involuntary civil commitment as a violation of “patient-centered philosophy” advocated by Institute of Medicine and other professional agencies or organizations advocating the importance of self-determination, such as National Association of Social Work (Caplan, 2006). A second perspective on involuntary civil commitment with severe and chronic substance abuse users is seen as a solution to eliminate alcohol and illicit drug use to promote long-term sobriety and motivation for change. As a society, we are more willing to incarcerate than treat and view addiction as a crime demanding punishment over a health problem warranting medical intervention (Galon & Liebelt, 1997). Substance abuse disorders are still viewed as a personal choice or a moral weakness in some sectors. A majority of crimes committed by those under the hands of addiction is often a result of intoxication or the need to satisfy a craving (Gallon & Liebelt, 1997). Forcing individuals to cooperate with treatment recommendations may lift responsibility from law enforcement and provide opportunity for users to detoxify and participate in effective treatment designed to promote sobriety (Galon & Liebelt, 1997). A study conducted by Kelly, Finney, & Moose (2005), that examined pretreatment characteristics, perceptions and

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satisfaction, and during-treatment and post-treatment changes, reported that individuals mandated to treatment show similar increases in the therapeutic index during treatment and have outcomes that are similar to those who enter voluntarily. Another study worth reporting focused on the influence of legal coercion and involuntary civil commitment and retention in substance abuse treatment programs. This study found that legal intervention significantly reduces the risk of treatment drop out across all treatment modalities- short-term residential, long-term residential, and outpatient treatment leading to lengthier sobriety outcomes (Perron & Bright, 2008).

Traditionally, many clinicians in the substance abuse field have held the user personally responsible for seeking treatment. Conventional wisdom equates to the user needing to “hit bottom” and possess a readiness for change with a commitment to total abstinence as the only way to success (Galon & Liebelt, 1997). Other’s view involuntary civil commitment or any other type of coercion in the substance use world as a serious problem. Respect for personal autonomy and self-determination of each individual, despite the level of harm produced on oneself, are strong values and ethical principles held by many clinicians. Watson, Brown, Tilleskjaer, Jacobs, and Pucel, (1988) found no significant difference in sobriety outcomes when comparing those coerced into treatment by involuntary civil commitment and those who described themselves as voluntary when assessed at the 2 week and 18-month mark post treatment. The conclusion was that the prognosis of those who present for treatment under court order was not substantially different than individuals who entered voluntarily (Watson, et al., 1998).

Individuals struggling with severe, chronic, and relapse prone addictions are a result of continued use and failed treatment efforts that create continued personal and societal harm. Society has made efforts to control and eliminate this preventable public health problem while

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attempting to weigh the delicate balance between personal autonomy, self-determination, and need for treatment to create long term sobriety outcomes desired. Utilizing involuntary civil commitment proceedings for substance abuse treatment is our society's effort to promote stabilization, opportunities for change, and symptom remittance for sobriety. Forcing individuals to comply with substance abuse treatment as a condition for living in the community is a combination of medical and legal approaches designed to impede chronic use and promote long term sobriety for the individual affected. Through this process, social workers may find themselves maintaining a number of different roles – sometimes as the person petitioning the courts for the involuntary civil commitment, sometimes as a case manager appointed to monitor the client's progress through the duration of the commitment, or a service provider to a client or patient who is involuntarily receiving specific services. Social workers are obligated to balance a client's or patient's rights to self-determination with the responsibility to maintain the well-being of society as a whole.

The review of the literature provides definitions of substance abuse disorders, social control measures, and involuntary civil commitment. It discusses the attempts society has made in effort to promote sobriety through judicial proceedings for this preventable brain disease. This study seeks to discover the use of involuntary civil commitment and its impact on enhanced well-being and sobriety of our most severe, chronic and relapse prone individuals. This research is important because it will increase understanding of involuntary civil commitment and its effect on sobriety for the social work profession.

Conceptual Framework

The social control theory is a strong perspective to consider when discussing involuntary civil commitment and sobriety. Involuntary civil commitment of those with severe substance use disorders is a prime example of societal surveillance and control of the social undesirable in efforts to create a healthy sober individual. The application of social control theory to sobriety requires an understanding of how social conditions of substance abuse results in greater vulnerability to the involuntary civil commitment process. Hirschi's social bonding theory proposes that individuals unsuccessful in forming or maintaining a bond to society consisting of attachment, commitment, involvement, and belief are more likely to deviate from societal norms (Wiatroski, Griswold, & Roberts, 1981). Individuals presenting with severe, chronic, and relapse prone addictions likely maintain serious deficits in their "social bond" with society and are more likely to violate social norms, increasing risk for involuntary civil commitment. As a society, recognition and acknowledgement of the element breakdown is the basis for forcing individuals into to treatment with the intent to create a healthier well-being and sobriety. More specifically, the elements described could be used to hypothesize how increasing basic social bonds with involuntary civil commitment may be a prerequisite for lasting sobriety.

Relapse and use among those suffering from severe substance use disorders can be conceptualized as a common element in recovery. Researchers report that individuals' who resume substance use is as high as 70% to 80%, depending on the proposed definition of relapse (Giordano, Clark. & Furter, 2014). In a study of 1,222 individuals receiving outpatient substance abuse treatment, researchers found that only 34% of the sample reported remaining abstinent from substances for longer than a 12-month time period (Giordano, Clark. & Furter, 2014). It is

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essential that those is the social work profession understand factors that predispose individuals to relapse as well as factors that may protect them from returning to substance use.

Attachment – Individuals who experience the symptoms of severe, chronic, and relapse prone substance abuse are socially devalued in our society. It is likely that this individuals' ability to be an accepted member of society is susceptible to threat due to negative attitudes towards those who experience the detrimental effects of substance abuse. More times than not, this individual will seek social isolation in efforts to cope with negative social interactions and likely lead to continued drug or alcohol use as a result of the weak attachments (Alston, Harley, & Lenhoff, 1995).

Commitment – Commitment here refers to an investment an individual has in social activities and institutions on the basis that there is an association between commitment and likelihood of drug or alcohol use (Alston, Harley, & Lenhoff, 1995). An individual that invests himself or herself into conforming to social norms is likely to not deviate from the expectations of society (Alston, Harley, & Lenhoff, 1995). In short, the use of drugs and alcohol may be less appealing to those who invest and maintain solid commitments.

Involvement – The third concept of social bonding is involvement. Involvement proposes that those who engage in orthodox activities will have less time to engage in harmful use (Alston, Harley, & Lenhoff, 1995). Hirschi (1969) believes that individuals who have involvement (parenting, employment, or volunteer) foster discipline which could potentially be a proponent for lowered drug and alcohol use. Individuals who struggle with severe substance use disorders are often not immersed conventional tasks and more likely to engage in ongoing use.

Beliefs- In our society, specific values are championed as norms. Beliefs, the last element of social bonding, is the individuals level of belief in the “moral validity” of social values and norms (Alston, Harley, & Lenhoff, 1995). This would then suggest that those who believe and strongly support their values decrease the probability of use.

Through the use of involuntary civil commitment by mandating detoxification and treatment, an individual may begin to foster strength in social bonding that has likely deteriorated throughout lifetime of drug and alcohol use to promote sobriety. The social control theory provides a basis from which social workers can be mindful of the different ways social bonding can affect individuals with severe substance use disorders by creating minimal motivation for change and how it potentially would be utilized to promote sobriety.

In summary, the conceptual framework for this study is a social control perspective, which takes into consideration the many systems of social bonding that can potentially impact the outcome of involuntary civil commitment. The interviews that were completed for this project utilized social control theory as a framework of reference. This framework was used to develop research questions, and explore what factors may contribute to sobriety when under an involuntary civil commitment.

Research Methods

Research Design

In order to investigate involuntary civil commitment and sobriety in those with substance use disorders, this study will utilize qualitative methods of data collection. Semi-structured interviews and previous research on the use of involuntary civil commitment with severe substance use disorder are important in helping explore sobriety through this judicial process. Interview questions inquired about the perspectives of interviewees on the use of involuntary civil commitment and sobriety among to target population. This research took into account what various professionals believe about involuntary civil commitment as a way to create sobriety in those with severe substance use disorders. The purpose is to establish whether professionals believe utilizing involuntary civil commitment results in abstinence from desired chemical and establishes sobriety for increased societal functioning. Data was collected through a series of interviews with professionals in the social services field who currently have or have had experience working with individuals that are identified as having severe substance use disorders under involuntary civil commitments. The goal is to develop quality data from the responses and perspectives of those in the social services field the impact involuntary civil commitment has on sobriety for their clients.

To describe the methodology for this research, a variety of matters is discussed. These will include sampling procedures, protection of human subjects, data collection instrument and process, and data analysis plan.

Sample

A purposive sampling technique was implemented in order to gather 8-10 participants for this study. Monnette, Sullivan, and DeJong (2011) explains that purposive sampling is a process that researchers utilize prior knowledge of the target population to select study subjects that possess unique qualities and experience of value to the goals of research. For the purpose of this study, the researcher intends to interview professionals who have a minimum of two years' experience working in their profession. Professionals who provide direct services to individuals diagnosed with severe substance use disorders under an involuntary civil commitment are preferred. The researcher recruited professionals who identified as social workers, case managers, therapists specializing in substance use disorders, independent living skills workers and adult rehabilitation mental health service workers. The demographics of the professionals that participated in this study will be limited to the Twin Cities counties: Hennepin, Ramsey, and Dakota.

Protection of Human Subjects

This researcher adhered to the values in the Belmont Report (Monnette, Sullivan, and DeJong, 2011) and maintain the *Respect for Persons*, *Beneficence*, and *Justice* by relaying any information to participants about any potential risks and benefits of participation in this study. The researcher made considerable effort to ensure all participants receive clear and accurate description of the study in order to make an informed decision about their participation. Potential participants were provided with detailed information of the study and a copy of developed research questions to review. The specific details of the study is communicated in an informed consent that will discuss purpose of study, participation selection, how data will be used, confidentiality and security, and contact information for anticipated questions. Additionally,

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participants were informed that the choice to withdraw from the study would not result in any penalty. The researcher will utilize email system to deliver this information to potential participants.

The researcher provided further protection of the human subjects through structuring interview questions that refrain from topic of personal experience. In the event that a participant experiences discomfort, the interview would have ended. The researcher intended check-in with the interviewee in any such event.

Special attention was made to protect the privacy of participants during this study. Anonymity was ensured through de-identifying any information provided during the interviews. Identifiable information includes, but is not limited to, place of employment, residence, interview location, birthdates, email addresses, phone contact information, and any information related to specific case information. The researcher will also destroy any audio and text transcripts upon completion of this study.

Instrument

The researcher developed a two section system for interviewing participants of this study. The first section asked the interviewee to provide demographic information in terms of the qualifications and experience working with individuals with severe substance use disorders under an involuntary civil commitment. The first four questions asked participants to identify education level, professional title, and years of experience working with the targeted population. The second section of the interview process included open ended questions that were qualitative in nature to explore the extent professionals believe the use of involuntary civil commitment impacts sobriety among individuals with severe substance use disorders. The subsequent eight

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question explored the participant's perceptions on the extent they see evidence that supports or hinders the use of involuntary civil commitment in efforts to create sobriety in individuals with severe substance use disorders. Further, questions will explore alternative interventions for this target population.

The interview questions developed by the researcher were approved by chair, Dr. Pa Der Vang, and two committee members to ensure compliance with the Internal Review Board and Code of Ethics Protection of Human Subjects guidelines. Please see Appendix B for a complete list of interview questions.

Data Collection Procedures

The researcher consulted with committee members who have knowledge of professionals working with individuals with severe substance use disorders under involuntary civil commitment in the Twin Cities area. The researcher will include Hennepin, Ramsey, and Dakota Counties. The researcher and committee members generated a list of potential participants. The researcher sent an email to potential participants inviting them to participate in the study. The email sent included an invitation to participate in the study, a detailed consent form, and a sample of research questions that were asked located in the appendices of this research report. The invitation email requested that professionals interested in participating in the study to provide conformation by responding the initial email or contacting researcher via phone to schedule interviews. The researcher scheduled interviews with participants in an agreed upon location to conduct the interview. The data was collected by audiotaping the responses professionals provided to the research questions in a semi-structured format. The researcher conducted the semi-structured interviews in, on average, between 30 and 40 minutes. Upon completion of the interview, participants were provided opportunity to debrief the session.

Data Analysis Plan

Upon completion of interviews conducted, the researcher transcribed verbatim all recorded interviews independently. The text transcription was analyzed using qualitative methodology, thematic content analysis. Applying thematic content analysis allowed the researcher to “identify, analyze, and report patterns” through analyzing the narrative material given during interviews (Vaismoradi et al., 2013). The researcher’s unit of analysis included sentences, phrases, and paragraphs to identify various themes reflecting the use of involuntary civil commitment in individuals with severe substance use disorders. The researcher implemented a procedure known as open coding by meticulously reviewing data for words or concepts that reflect each category identified. During data analyzing procedures, grounded theory was used as an inductive approach of developing themes from concepts within the data set (Monette et al., 2011). Grounded theory approach was relied upon to accurately differentiate the perceptions of the potential interviewees.

Findings

Sample

The purpose of this research study is to investigate and describe perspectives of professionals with experience working with individuals suffering from a severe substance use disorder under an involuntary civil commitment. The researcher contacted four agencies and/or organizations to recruit professionals to offer their perspectives and experiences. At least one professional from each agency responded agreeing to participate in this research study.

The participants of this study consisted of one male and six female professionals who identified as having more than two years' experience working in their profession with individuals experiencing severe substance use disorders and involuntary civil commitments. Six of the seven participants identified as having a Master's degree and one participant recorded Bachelor level of education. Five of the participants ranged between three to five years' experience in their profession and two of the participants identified between eight and twelve years. Interviews conducted for this research study took place in March 2017. In effort to maintain confidentiality of the participants involved, participants will be identified as Participant 1, Participant 2, Participant 3, Participant 4, Participant 5, Participant 6, and Participant 7.

Themes

Post interview, the researcher transcribed the interviews and coded responses into general themes that emerged from the data. There were six themes generated from the data: a) dangerousness, b) social responsibility, c) provider responsibility, e) process improvement. The research participants' responses are italicized.

Dangerousness

This first major theme to emerge from the data was that all professionals identified a level of dangerousness. This theme was generated from responses of participants when asked to reflect on reasons why these individuals diagnosed with a severe use disorder were placed under involuntary civil commitment. Participant 1 stated that *Most of the people I've had placed on commitment have been because they are harming themselves...drug use and drinking to the point where you need to be hospitalized.* Participant 5 stated that *individuals under a commitment for CD would be found to have an imminent danger to themselves or others and yeah also exceeding kind a typical just making poor choices.* Participant 2 shared *I would say when their use has caused danger, danger themselves or others, or the physical health reasons caused by long term substance use.* Participant 7 said

Many of these individuals are so really really far along in their addiction and often times its even more complicated by medical or mental health conditions and disorders that their no longer fit like psychologically or physically to care for themselves so these individuals who are on commitment are way beyond the chronicity of addiction and dangerously toeing the line in fatal stages of addiction.

The theme that emerged from the data was that an individual is at risk of involuntary civil commitment if the individual poses a risk to themselves or others and requires outside intervention.

Social Responsibility

Participants were asked to describe how social bonds are impacted among individuals experiencing a severe substance use disorder under involuntary civil commitment. Two sub-themes emerged; relationships and social behavior

Relationships. All participants stated that most individuals with a severe substance use disorder under involuntary civil commitment maintain mostly poor or minimally satisfying relationships. Participant 7 states,

Social bonds among those who are in the throes of addiction are severely negatively impacted. Its one of the first things to go is an individual's bonds relationships are strained or sometimes entirely alienated.

Participant 2 shared

At the time they are in the hospital and under a commitment, those bonds have been significant impacted and a lot of times they've significantly burned bridges or have no part with friends or family because of their severe using.

Participant 5 highlighted this by stating

In my experience I would say generally folks who are actively using tend to associate with others that are actively using and generally have probably burned bridges of other sober or family relationships because of their use and group of friends which can be a driving factor to not get sober.

Social Isolation. The second sub-theme identified was social isolation. Five out of the seven participants discussed common issues that contribute to individuals with severe substance use under an involuntary civil commitment lack of social experience. Participant 7 states

The honeymoon stage is long long over and gives way to where the person literally gives up on anything and everything to support or the relationship with their habit one of the first things to go is socially acceptable norms isolation is rampant, and they are doing things the never probably would have considered to support their habit, stealing, lying, cheating.

Participant 6 shared

These people are not able to meet personal or societal obligations due to their use but despite all of that when I talk to these people I hear a lot that they have goals and aspirations but their use has prevented this from happening, like having a job, to be a parent, maybe go to school, but the bonds have been too split.

Participant 3 stated *that I would say that most of them have weak social bonds and behaviors not super gainful employment lower education level.*

Provider Perspective

Participants were asked about their beliefs on the extent that involuntary civil commitment affects sobriety with individuals diagnosed with a severe and chronic substance use disorder as well as challenges in providing service to this population. One sub-theme emerged from the original theme identified, cyclical service.

Participant 3 shared that

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Most of the individuals I have worked with that come through on a substance abuse commitment will be on another substance use commitment at some other point, I don't think forcing someone into treatment is the best to help them attain sobriety.

Participant 2 stated *it's not beneficial in most circumstances.*

Participant 4 shared,

I often question how helpful this is if the person has no desire to get sober because it just feels like a cyclical thing than. Participant 5 states I don't see that commitment necessarily yields sobriety for individuals.

Participant 7 explained

An involuntary civil commitment within the realm of substance use disorders and addictions is a form of a external motivator for change so an individual who is on an involuntary civil restriction will be mandated to participate and complete a treatment program and to follow all aftercare an recommendations or face consequences, but these external motivators like commitments are not sufficient for making change long term.

Cyclical Service. Each participant identified common encounters when working with individuals with severe substance use disorders under an involuntary civil commitment.

Participant 3 stated

I think forcing people to do anything they don't want to do is a big challenge. If they don't want to be sober then they're not going to be and we can't force them to sit in a locked facility because in my experience when they get out they go right back and we keep doing the same think.

Participant 4 shared

We get someone on commitment and they go to treatment, they come back out, they use again, we send them back to treatment, they come out and use again, and then back to treatment and its this ongoing cycle.

Participant 5 stated,

A big challenge is that for folks who are forced into treatment and don't have any interest in sobriety we start to get to see a revolving door where a case manager has no choice to revoke them because they are using and then they are back to the hospital and then we are back to forcing them back to treatment and it's a vicious cycle of forcing people over and over again with minimal success.

Process Improvement

Participants were asked about recommendations for providing service to individuals with severe substance use disorders under involuntary civil commitment. From this data, two sub-themes emerged; person centered practices and harm reduction modality.

Person centered practice. All of the participants identified person centered practices as a modality for working with this at risk population as potential recommendation for service.

Participant 3 states *work in a really person centered way and the resources they have.*

Participant 7 stated that

If a provider is able and equipped to empathize with the person and understand them from a holistic standpoint they will be more predisposed to developing an effective therapeutic relationship with the person that will ultimately yield better results.

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Participant 3 shared *trying to be person centered with the individual even though there is a court order in place, this is still a human and they still have different goals or ideas about life.*

Participant 4 states *keep them in the plan, keep listening to them, and advocate for their goals.*

Participant 5 added

try to find a carrot for people of what motivates them to make just changes because the persons viewpoint or their idea of sustainable functional living might not align with our own sustainable functional living idea so put biases aside and meet the person where they are at and try to work with them in that way.

Harm Reduction. Harm reduction is a sub theme that emerged from the initial theme of process improvement and acknowledged by each participant as recommendations for service with this population. Participant 2 shared *teams that recognize harm reduction and take a more holistic approach does better with clients meeting them where they are at.*

Participant 5 stated

Harm reduction is key. More education on harm reduction models and in terms of maybe the person isn't 100% sober right now but they have cut down on their use and they may be able to engage more in societal activities, get rid of this black and white, the using or not using as standard.

Participant 7 shared

There is no one-size-fits all solution within addiction treatment. Some or many individuals will need more than one treatment modality like harm reduction to most effectively treat their

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addiction on a holistic level, many individuals are not responsive to abstinence based twelve step facilitation of treatment.

Discussion

This study sought to understand clinician perspective on the use of involuntary civil commitment and sobriety. The following section will provide an overview of findings supported by the literature. Implications for social work practice, implications for future research, as well as strengths and limitations of this study are also be explored.

Findings Supported by Literature

Dangerousness. A number of this study's findings are consistent with the literature on individuals experiencing severe substance use disorders under involuntary civil commitment. An overall concern for the level of dangerousness displayed by the individual that severely compromises their ability function in society was a major theme that emerged from the data. According to participants in this study, a significant piece to an individual requiring coerced intervention via involuntary civil commitment is the imminent danger they present to themselves and others in which they are no longer physically or psychologically fit to care for themselves. They also shared that these individuals are close to reaching the fatal stages of substance abuse. The presentation of dangerousness this population exhibits was supported in the literature. For example, Williams, Cohen, & Ford (2014), assert that these individuals are often unable to make rational or safe decisions about entering treatment or care for himself or herself in an independent capacity. Individuals gravely disabled by chronic substance abuse present themselves to emergency departments and/or detox facilities on a consistent basis, rarely remain in treatment for extended periods of time, and often sign out against medical advice to a life of chronic homelessness, social isolation, and incapacitating addiction (Williams, Cohen, & Ford, 2014). The level of danger one exhibits and inability to care for self within the context of society

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are often reasons why individuals suffering from the effects of substance use are subject to the judicial process of involuntary civil commitment.

Social responsibility. Another significant theme that emerged from the data was that many individuals with a severe substance use disorder under involuntary civil commitment maintain poor social bonds and activities. Participants stressed the lack of quality and meaningful relationships as well as societal isolation that remains rampant among this population. Individuals presenting with severe, chronic, and relapse prone addictions are likely to maintain serious deficits in their social bond with society and more likely to violate social norms (Wiatroski, Griswold, & Roberts, 1981). This population is often not immersed in conventional tasks and more likely to engage in ongoing use (Alston, Harley, & Lenhoff, 1995). These individuals will seek social isolation in efforts to cope with negative social interactions and likely continue dangerous level of substance abuse as a result of those weak attachments (Alston, Harley, & Lenhoff, 1995).

Provider Perspective. Each participant in this study provided their professional opinion on utilizing the judicial process for this population. The participants equally shared opposition on this intervention as a means to sobriety and touched on coerced intervention as a poor external motivator. The literature stressed controversy among professionals in the field of substance abuse on their views of coerced interventions. Literature cited for nonsupport of coerced intervention shares a similar view that the user is personally responsible for seeking treatment. Respect for personal autonomy and self-determination of each individual, despite level of harm produced on oneself, are strong values held by many in the substance abuse field (Galon & Liebelt, 1997). A study by Watson, Brown, Tilleskjor, Jacobs, & Pucel (1988) found no

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significant difference in sobriety outcomes when comparing those coerced into treatment via involuntary civil commitment and those described as voluntary at 18 months post treatment.

Another perspective shared by participants was the cyclical nature of involuntary civil commitment as a means to eliminate a severe substance use disorder. Severe, chronic, and relapse prone substance abuse is cyclical in itself. The literature and research participants spoke to high number of consistent emergency department visits and detox admissions as criteria for involuntary civil commitment. Relapse and use among individuals with substance use disorders can be conceptualized as a common element in any recovery process. Giordano, Clark, & Furter (2014), reported individuals' who resume substance use, post treatment, is as high as 70% to 80%. Repeated decompensation and stabilization cycles, poor treatment program attendance or response, and imminent harm to themselves or others are characteristics this population exhibits that increases the risk of judicial intervention via involuntary civil commitment (Slovenco, 2012). However, all of the participants in this study reported that cyclical cycles of severe substance use requiring a higher level of care continued despite coerced judicial intervention proceedings via involuntary civil commitment.

Process improvement. Participants in this study divulged various perspectives on potential recommendations for other professionals engaged with this population. All participants proposed person-centered practices and utilizing harm reduction models as important tools working with individual under a involuntary civil commitment for their substance use disorder. "Person-centered philosophy," advocated by the Institute of Medicine, views involuntary civil commitment as violation of self-determination (Caplan, 2006). Professionals in the field of substance abuse view involuntary civil commitment as a "serious problem" (Watson, et al. 1998). Watson, et al. 1998, shared that many clinicians uphold strong values and ethical

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principles of self-determination and personal autonomy that are conflictual with requirements under involuntary civil commitment.

Harm reduction is a substance abuse treatment model that does not require total abstinence and rather refers to policies, programs, and practices that aim to reduce the harms associated with use of chemicals in individuals unable to stop with in intention of reducing or eliminating the consequences of their use (International Harm Reduction Association, 2017). Each participant held this model as a potentially effectively tool in providing service to this population. Conventional substance abuse wisdom equates to the user needing to “hit rock bottom” and commit to total abstinence as the only avenue for success (Galon & Leibel, 1997). One of the most significant criteria for individuals at risk or currently under involuntary civil commitment is the level of imminent danger the person poses to themselves or others because of their level of substance use. The literature cities the concept of “least restrictive alternative.” This concept is the idea that substance abuse services fall on a hierarchal scale which asserts that all other treatment modalities and types should be attempted or considered prior to the most restrictive approach (Slovenko, 2012).

Implications for social work practice

The research suggests a number of important implications for social work practice. As cited in the literature review, approximately 21.5 million Americans and potentially more were categorized with substance use disorder in according to the Substance Abuse and Mental Health Services Administration (2014). Given this statistic, social workers currently practicing in the field are likely to encounter individuals and family members with varying degrees of substance use struggles and can be an integral piece of the presenting issue. It is crucial that institutions, organizations, and agencies develop and devote time to education and training on the impact

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substance use may have on individuals or family functioning on all levels of functioning.

Practicing social workers with individuals under involuntary civil commitment for their substance abuse disorder have a unique challenge of providing service guided by the core values of the social work profession, but also maintain congruence with the justice system as an acting liaison. Alternative treatment modalities, such as the harm reduction model, are extremely important for practicing clinicians to explore in developing treatment plans and interventions for those affected by a substance use disorder. Relying on abstinence based modality, such as involuntary civil commitment, does not appear to be the only option when working with this population. As the research eluded to, individuals struggling with a severe substance use disorder under involuntary civil commitment or at risk of involuntary civil commitment maintain severed social bonds. The breakdown of social bonds because of substance abuse can manifest into a spiral of continued use. Social worker emphasis on bio-psycho-social aspects of an individual's functioning are significant and will provide clinician with a more accurate assessment of the issue and create potential avenues for success.

Implications for policy

This research has yielded results that suggest involuntary civil commitment with individuals experiencing the effects of a severe and chronic substance abuse disorder has several implications for policy in the substance abuse and judicial systems. As a society, we have implemented various statutes and laws surrounding substance abuse as a means to control and eliminate our nation's preventable problem. As discussed in the literature review, involuntary civil commitment operates from two legal doctrines that allows states to act on behalf of an individual believed to be incapable of acting in their own best interest and allows the state to confine individuals for prevention of harm to themselves or the community (Durham & Ford,

1985). Public and professional opinion on involuntary civil commitment has historically taken many shapes from total institutionalization to “least restrictive approach” that is currently operating today. In the 1960s and 1970s, involuntary civil commitment began to shift from a medical to a legal model, removing healthcare professionals’ authority to involuntarily commit individuals and limiting their ability to coercively hold an individual against their will (Durham & Ford, 1985). As cited in the research, all participants shared their professional opinion that involuntary civil commitment with individuals diagnosed with a severe substance use disorder did not appear to be a beneficial avenue for improved societal function and sobriety.

Professionals in the field of social work have a duty to participate in the development or revisions of policy that supports individuals’ success and educate those of other disciplines in current practices that yield positive results.

Implications for research

Substance abuse is likely to continue to present as destructive and fatal disease in the future. Combined with previous research, there are some implications that can be extended from this study. There appears to be very little research conducted on individuals under involuntary civil commitment solely for their substance use disorder. It would be highly beneficial to conduct comprehensive studies of the long-term outcomes and its potential place in substance use treatment.

Secondly, this research concluded that this population suffers gravely in terms of their connectedness and social bond with society. Observations of participants included severed relationships, social isolation, inability to maintain social connections, and lack of social involvement that was disrupted due to the severity of substance use. Hirschi’s social control theory proposes that individuals unsuccessful in forming or maintain a bond to society are more

likely to deviate from social norms (Wiatroski, Griswold, & Roberts, 1981). Future research should include a focus on placing high importance on identifying and creating social connections and bonds in conjunction with traditional substance abuse treatment programs as a way to improve individual functioning.

Strengths & Limitations

Strengths. The qualitative nature of this study allowed participants to share their own perspectives and to expound upon the questions asked. Due to the semi-structured nature of the interview process, participants were able to respond to questions without limitations and researcher was able to clarify meaning to reduce confusion. The information collected within this study will be used to further existing data surrounding involuntary civil commitment with individuals experiencing a severe substance use disorder.

Another strength of this study was varying roles among professionals working with this population. Participants identified themselves as hospital social workers, Licensed Alcohol and Drug Counselors, chemical dependency community case managers, and community agency clinical supervisors. Due to the number of participants with varying roles among this population, they were able to offer responses on their broad professional and personally experiences. Their responses, based on various roles working with this population, are more generalizable.

Limitations. In addition to strengths, there were some limitations identified. One limitation is the small number of participants. Given time constraints, the number of participants was limited to seven. Due to the small number of participants, the findings of this study cannot be applied to the general population. Another limitation of this study is lack of available data on the use and outcomes of involuntary civil commitment and substance use disorders. Most of the

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literature on involuntary civil commitment is limited to its use with individual experiencing severe and persistent mental illness. Lastly, gender bias is a limitation in this study. Six out of the seven participants identified as female, which could have influenced various responses given based on personal gender roles of each participant.

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Appendix A

ST CATHERINE UNIVERSITY Informed Consent for a Research Study

Study Title: Impact of Involuntary Civil Commitment on Sobriety

Researcher(s): Ana Anderson, BSW

You are invited to participate in a research study. This study is called Investigating Involuntary Civil Commitment and Sobriety. The study is being done by Ana Anderson, a Masters' student at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Dr. Pa Der Vang, Ph.D., MSW, LICSW, associate professor in the Department of Social Work at St. Catherine University.

The purpose of this study is to explore involuntary civil commitment and sobriety among individuals with severe substance use disorders. This study is important because it will provide perspectives from those working directly with this population as potential direction for future research that is currently limited. Approximately 8-10 people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

Why have I been asked to be in this study?

You are invited to participate in a research study investigating involuntary civil commitment and sobriety with individuals experiencing severe substance use disorders. This study is being conducted by Ana Anderson, a Master's student at St. Catherine University under the supervision of Dr. Pa Der Vang, an associate professor in the Department of Social Work. You were selected as a potential participant in this research because of your experience working with individuals under an involuntary civil commitment and substance use disorders. Please read this form thoroughly, and ask questions before you agree to participate in this study.

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- You will be invited via email to schedule an appointment to complete an audio taped interview in person. The interview will take place at a private public location of your choice (library conference room, community center, etc.)
- Attached in the email will be information describing the nature of the study, a sample of interview questions, and this informed consent form. You will be instructed to complete Part I of the interview questionnaire prior to meeting with the researcher.

In total, this study will take approximately 90 minutes in length over one session to complete questions on interview guide and in person interview.

What if I decide I don't want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research.

What are the risks (dangers or harms) to me if I am in this study?

The potential for risks as a result of your participation in this study are minimal. However, please be advised that the potential risk involves disclosing confidential information about your patients or clients. One way the researcher intends to minimize any potential risk from occurring in this study is by maintaining confidentiality of the data set. The researcher plans to ensure data remains confidential by removing all identifiers as soon as possible, substituting codes for identifiers, and protecting personal identifiable by using pseudonyms or reporting data in aggregate format.

What are the benefits (good things) that may happen if I am in this study?

There are no direct benefits resulting from your participation in this study. However, your decision to participate may be beneficial to the profession of social work. Information that you provide will make important contributions to the social work knowledge base regarding involuntary civil commitments and sobriety with individuals experiencing severe substance use disorders.

Will I receive any compensation for participating in this study?

You will not be compensated for participating in this study.

What will you do with the information you get from me and how will you protect my privacy?

The information that you provide in this study will be transcribed verbatim by the researcher from the audio recording made during the interview. The researcher plans to ensure data remains confidential by removing all direct identifiers, substituting codes for identifiers, and protecting personal identifiable information by using pseudonyms. I will keep the research results in a lock box in a personal storage unit in Apple Valley, Minnesota and only I and the research advisor will have access to the records while I work on this project. I will finish analyzing the data by May of 2017. I will then destroy all original reports and identifying information that can be linked back to you. At that time, all audio recordings will be erased or destroyed.

Any information that you provide will be kept confidential, which means that you will not be identified or identifiable in the any written reports or publications. If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the

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purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

Are there possible changes to the study once it gets started?

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

How can I get more information?

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me, Ana Anderson, at 218-851-3717, or ana.anderson@stthomas.edu. If you have any additional questions later and would like to talk to the faculty advisor, please contact Dr. Pa Der Vang at pdvang@stkate.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

I consent to participate in the study and agree to be audiotaped.

My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher.

Signature of Participant

Date

Signature of Parent, Legal Guardian, or Witness

Date

Signature of Researcher

Date

Appendix B

Interview Questions

Part I: The following participant demographic information is needed to provide a description of the sample. Please complete Part I of this questionnaire prior to interview.

1. Education Level (Please Circle)

Associates

Bachelors

Masters

Doctorate

2. Job Title _____
3. Years of experience working with individuals with substance use disorders _____
4. Years of experience working with involuntary civil commitment _____
-

Part II: Interview Questionnaire. Please review the questions below and identify key ideas prior to interview.

5. Reflecting on clients you have worked with, what are some of the reasons these individuals were placed under involuntary civil commitment for their substance use disorder?
6. How are social bonds (attachments with society, commitment to social activities, involvement, and validity of social values and norms) impacted among individuals experiencing symptoms of a severe substance use disorder?

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7. To what extent do you believe involuntary civil commitment affects sobriety in individuals with severe substance use disorders? How does your agency respond to implementing or monitoring this judicial process?
8. What characteristics of involuntary civil commitment do you believe presents challenges and successes for individuals with substance use disorders? What is your agency response in addressing these challenges?
9. What impact do you believe the use of involuntary civil commitment has on long term sobriety?
10. What implications does involuntary civil commitment have on a societal level?
11. What recommendations do you have for others providing service to individuals with severe substance use disorder under involuntary civil commitment at an individual level, community level, agency and social policy level?
12. Is there anything else that you believe would be helpful for me to know regarding your work with individuals experiencing a severe substance use disorder under involuntary civil commitment?

Appendix C

Participant Invitation

Hello,

My name is Ana Anderson. I am a master's student at St. Catherine University in St. Paul, MN in the Department of Social Work. I am conducting research investigating involuntary civil commitment and sobriety. Because you are a professional working in social services with this population, I am inviting you to participate in this study.

Participation in this research study includes answering a few demographic questions regarding your background followed by an in person interview regarding your experience with involuntary civil commitment and sobriety. An introduction letter and the informed consent form is attached to this email for your review. If you decide to participate in this study, I anticipate your total time commitment will be approximately one and a half hours.

If you know or are aware of other professionals who may be interested in participating in this research study, I invite you to forward this information.

If you have any questions or would like to participate in this research study, I can be reached at (218) 851-3717 or ana.anderson@stthomas.edu.

Thank you for considering participating in this study,

Ana Anderson